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Facilitating Recovery from Drug and Alcohol Problems — Reflections on Interviews with Service Users in Scotland

Peter Hillen, Vivienne E. Cree and Sumeet Jain

Abstract

Service users were interviewed as part of a multi-method evaluation of an alcohol and drug social work service in Scotland. This paper explores service user interviews that were conducted in the evaluation, addressing the following questions: What did the service users feel about the service itself? Leading on from this, what did they see as helpful in facilitating their recovery in general? The research will be contextualised in Scotland's culture of problematic drug and alcohol use, Scottish drug and alcohol policy and the emerging recovery-orientated approach. The methodology of the evaluation will be explained and findings from the service user interviews will be outlined under the headings: therapeutic relationships, outreach, timeframe, and holistic approach and joint working. The paper demonstrates the importance of service user accounts not only for providing general feedback on social work services, but also for giving specific insight into what is helpful for individuals seeking to recover from substance use problems.

Keywords: drugs; alcohol; recovery; service user voices; evaluation

Introduction

This paper explores interviews with service users, conducted as part of an evaluation of a drug and alcohol social work service in Scotland. It argues for the importance of listening to service user voices in researching recovery and evaluating social work services. The paper will begin by explaining the Scottish context, first, by providing an overview of drug and alcohol problems and second, by discussing Scotland's drug and alcohol policies and strategies. The paper will then proceed to explain the methodology of the evaluation. The research findings, based on service user interviews, will be presented, and the findings will be discussed, drawing on the wider evidence base from policy and research. Particular attention will be given to discussing the benefits and challenges of utilising service user voices in research on social work and recovery.

Scotland's Drug and Alcohol Problem

The Scottish Government is well aware that the 'misuse' of illicit drugs and alcohol is linked to significant societal costs, in terms of health care, social care, crime, economic productivity and the human cost of suffering caused by premature deaths (Scottish Government 2008, 2009). It is also generally recognised that Scotland has higher rates of drug and alcohol problems than other parts of the UK, and many other countries in Europe (Audit Scotland 2009; UNODC 2010). There are approximately 59,600 individuals with problem drug use in Scotland (Scottish Government 2008). This has an estimated economic and social cost of £2.6 billion per annum and there are around 581 drug-related deaths per annum (ibid.; National Records of Scotland 2013). Alcohol misuse has a significantly higher impact on Scottish society if measured by economic impact, costing the economy an estimated £3.56 billion per year (Scottish Government 2009).

Drug and alcohol misuse have serious negative consequences for all those involved, adults and young people, family members and children alike, as well as for society as a whole. For example, recent evidence highlights the impact of Scotland's drinking habits on children. Accident and emergency departments in Ayrshire and Arran had '483 A&E attendances for children aged 17 and under with an alcohol-related condition in 2012/13, more than any other hospital area in Britain' (Harrison 2013). There are also strong links between social inequalities and drug and alcohol misuse (Shaw, Egan, and Gillespie 2007; Scottish Drugs Forum, Alcohol Focus Scotland, and Scottish Poverty Information Unit 2008). Those with drug problems have an estimated unemployment rate of 85%, and 80–90% of Scottish prisoners have been misusing drugs and alcohol (Shaw et al. 2007, 6). Other evidence proposes that 73% of those entering prison are positive for illegal drug use, including illegal use of prescribed drugs (National Statistics 2012, 40).

Scotland's Drug and Alcohol Policies and Strategies

The HIV/AIDS crisis that began in the 1980s in Scotland provoked a harm reduction response to drug problems, leading to strategies of methadone prescription, needle exchanges and safe injecting advice services. Methadone prescription was also used to keep opiate-dependent drug users out of prison (SACDM Methadone Project Group 2007). While harm reduction and methadone prescribing remains a stable component of drug treatment in Scotland, a new vision of treatment and support has taken centre stage in recent years.

The recovery model was introduced by the Scottish Government in 2008, presented in its new drug policy, *The Road to Recovery*. The concept of recovery first gained influence in Scotland in the mental health field (Bradsheet 2004). Much of the evidence for recovery from substances originated in the USA, with the majority of studies focused on alcohol, and especially the role of Alcoholics Anonymous (Best et al. 2010). A growing interest in community led self-help and mutual-aid initiatives, and 'the emergence of "communities of recovery"' also influenced the changes in policies in the UK (Groshkova and Best 2011, 21).

The Road to Recovery (2008) hailed recovery as the 'new way forward' in tackling substance misuse problems. According to the Scottish Government, recovery is,

... a process through which an individual is enabled to move on from their problem drug use, towards a drug-free life as an active and contributing member of society (Scottish Government 2008, 23).

The Road to Recovery upholds a person centred approach, proposing that all forms of treatment should promote recovery, although it is acknowledged that recovery journeys may have different routes for different individuals. The report states that there is a need for more integration between services and renewed emphasis on protecting children, supporting the families of problematic drug users and involving family members in the process of treatment, care and support (Scottish Government 2008, 7, 24, 31).

The Scottish Government's *Changing Scotland's Relationship with Alcohol: A Framework for Action* (Scottish Government 2009) similarly asserts that there needs to be a 'culture change' if Scotland's relationship with alcohol is to be improved. The report states that the harm caused by alcohol misuse has become a major challenge affecting Scottish society. It calls for sustained action in four areas: reduced alcohol consumption; supporting families and communities; positive public attitudes, positive choices; and improved treatment and support. In respect to treatment and support, it proposes joint working between health, local authority and third sector bodies to meet individuals' diverse needs, which may be important for individuals' recovery.

The limitations of this paper do not provide space for a critique of the Scottish Government's recovery model and its evidence base (see, for example, Ashton 2008; Matthews et al. 2010). While the recovery model evidently has strengths and weaknesses, the

limited yet growing evidence base suggests that ‘recovery-focused approaches can augment and enhance treatment interventions, as well as maximising their benefits to families and communities’ (Best et al. 2010, 11).

The recovery model has been operationalised by the Scottish Government through the establishment of local Alcohol and Drug Partnerships (ADPs). ADPs commission and regulate drug and alcohol services, including social work services. In practice, this has meant that social work services have had to work in partnership with health services, and abide by health care outcomes and targets. They have also had to work more closely with voluntary sector drug and alcohol services and grass-roots recovery communities and mutual-aid organisations, such as Alcoholics Anonymous and SMART recovery groups. In some areas in Scotland, this coming together has been formalised in the setting up of local recovery hubs, where health, social work and voluntary sector services work together from a community base. This is the context in which the evaluation took place.

Methodology

In 2012, the authors of this paper conducted an evaluation of a drug and an alcohol social work service in Scotland. The aim of the evaluation was first, to evaluate outputs, asking what was achieved by the service, that is, what the outcomes of the service were, from the point of view of the staff, the service users and the referrers. Second, it sought to evaluate effectiveness, that is, how well these outputs/outcomes were achieved, again from the point of view of the staff, the service users and the referrers. The evaluation used a mixed-method approach (Nutley, Walter, and Davies 2003; Rossi, Lipsey, and Freeman 2004), including both qualitative and quantitative methods. These were:

- (1) a targeted literature review of relevant national and local policy documents and research evidence;
- (2) analysis of services’ reports and case records;
- (3) participant observation; focus groups with social work staff; (4) and interviews with staff, service users and referrers.

The benefits and challenges of using a mixed-method approach are explored more fully in Cree, Jain and Hillen (forthcoming). The project was approved by the University of Edinburgh’s School of Social and Political Science Ethics Committee. This paper will focus on the interviews with service users.

The service consisted of two teams: one that worked specifically with service users whose primary problematic substance was alcohol and the other with those who had problems with illicit drugs. Twenty service users were recruited for the evaluation, 10 from each team. Service users were initially selected at random from the 2011 referral lists, with

every 10th service user contacted by the agency, given information about the evaluation and invited to take part. This produced some, but not enough, informants, and so another random selection took place, again using the same method. Finally, agency staff put forward a small number of additional names in order to make up numbers. The eventual sample was therefore 'purposive' rather than random (Oliver 2006). This method of selection might lead to questions about bias or reliability, since we were only able to interview those whom staff could get hold of, and more crucially perhaps, those who then agreed to take part. This might lead to accusations that only clients who had had a positive experience of the services might agree to be part of the evaluation. However, this was not borne out in reality, and the eventual sample was surprisingly diverse. We interviewed people from a range of backgrounds as well as those who were currently using and had used services in the recent past, and within this, we met people who were highly positive about the help they had received, as well as a number who expressed reservations about, and criticisms of, the services.

All services user participants had used the service in 2011, and some of them were current service users. The majority of the informants were male and relatively young (see Table 1). Only one of the participants was from a minority ethnic background, and although it is not possible to generalise from a sample of one, this person's contribution to the study was especially interesting given the low proportion of ethnic diversity in Scotland (National Statistics 2013), combined with the barriers that people from ethnic minorities may face in accessing drug and alcohol services (EMEDI 2006). Service users had a range of complex needs over and above their drug and/or alcohol problem: physical and mental health problems, disability, financial problems, legal or criminal problems, housing problems, relationship problems and social problems, among others.

Semi-structured interviews were conducted face-to-face with service users using standardised interview schedules and open-ended questions. The interview schedule was compiled by the research team, based on the requirements of the evaluation agreed between the service and the researchers. The main issues that were covered in the questions were: how the service user got involved with the service, previous social work involvement, main problems at time of involvement with the service, personal goals, relationships with children, nature of help received by service, opinion of service staff, relationship with staff, help received from other agencies, level of service user involvement in service and strengths and weaknesses of the service. Not all the service users had, at the time of interview, achieved full recovery from substance misuse, but, as the findings will illustrate, all were on a recovery journey; by choosing to work with the agency, they had demonstrated at least a beginning commitment to making positive change in their lives (see Prochaska, DiClemente, and Norcross 1992). The interviews took place in a range of settings including the service's offices, service users' homes and cafe's, depending on the preference of the service user. Participants were given a project information sheet and a consent form in advance of the interviews.

Table 1. Service user informants by team, gender and age.

	Alcohol team	Drug team	Total
<i>Gender</i>			
Male	8	7	15
Female	2	3	5
<i>Age</i>			
21–30	1	1	2
31–40	4	7	11
41–50	2	3	5
51–60	2	0	2

The approach taken to analysis in this evaluation was pragmatic rather than theory-driven. All service users' interviews were audio recorded and transcribed in full, allowing the research team to read and re-read the data in order to build a picture of what was being said. Thematic analysis was employed, looking for dominant themes, common threads, contrasts and contradictions in the data gathered across the two services (Benner 1985; Attride- Stirling 2001). Each interview was first analysed by the research assistant to identify the key themes and relevant quotes. Emerging themes were reviewed by the other researchers individually and points of convergence and divergence were discussed and resolved as a team. Of course, the service users' inter- views comprised only one part of our mixed-method evaluation. This meant that as well as comparing and contrasting the service users' interviews as data in their own right; we were also able to locate these findings in a broader analysis of the service, gained through interviews with other stakeholders, and through documentary and observation research.

Findings

The outcome measures for service users, as outlined in the service's policy statement were: reduced use of illicit drugs/alcohol; improved psychological health; improvement in employment status; improved or sustained accommodation status; reduced chaos in daily living; increased self-worth; improved financial situation; person's social network not misusing substances; increased access to a wide range of treatment and other therapeutic interventions; children are safer. Measuring the effectiveness of the service in meeting these outcomes was methodologically challenging, not least because each service user was engaged

in working with more than one service, and because substance use was, for most people, such a long-standing problem (Cree, Jain, and Hillen forthcoming). The findings, based on the analysis of case records, interviews with staff, referrers and service users, were positive overall. In this paper, we have chosen to report on the findings that emerged from the interviews with service users in order to address the following key questions: What did the service users feel about the service itself? Leading on from this, what did they see as helpful in facilitating their recovery in general? While there were some differences between what was helpful for service users of the different teams (alcohol and drugs), there were common themes. These are organised under the headings: therapeutic relationships, outreach, timeframe, and holistic approach and joint working. Service user names have been changed to maintain confidentiality.

Therapeutic Relationships

It was clear from the stories of the service users that their relationship with the social worker was of utmost importance to their engagement with the service and their personal progress. Almost all of the informants expressed praise for their social workers, whom they saw as dependable, accessible and knowledgeable people. Perhaps not surprisingly, service users found it easier to talk about their individual social worker than about the agency; for them their worker was the service. Many such as Chris appreciated the non-directive nature of their approach. It was clear that bonds had been established with individual workers. This centred on trust and dependability, as expressed by Richard:

Like I said to you, if I had a problem next year or even two years or three years down the line and I thought [my social worker] could help me with it, I wouldn't hesitate to call her and I would still have her phone number. I would

100 per cent hand on my heart; think she would help me with it as well. There's not a problem. So I feel even though I don't deal with her anymore, I know I've got her there in place, if you know what I mean?

One female service user (28 years old) whose children were being looked after said that she was 'not getting on with [children and family] social work at the moment', so the service's worker had been especially important because, as she said, 'it gives me someone else to talk to and new ways of thinking'. This reflects something that comes through almost all the interviews. It was evident that service users felt that social workers challenged them on issues and they viewed this as helpful to their recovery. The service's social worker was not seen as a 'push over', as someone who was afraid to confront difficult realities. Forty-year-old Tracy expressed this as follows, saying:

We just clicked like that. She wasn't judgemental, which was a good thing, but she put me in my place when she thought I was out my place. She just grew to be sort of a friend.

The social workers were said to be supportive, non-judgemental and they helped their service users to build confidence and self-esteem. In addition, they helped service users to face up to their problems.

Outreach

The way the service was structured had an impact on how service users interacted with social workers. The alcohol team did not have an office base and therefore relied on being able to visit service users in their own homes on most occasions. While the drug team had offices they could use, they also provided a visiting service. Not all the service users wanted to be met in their homes, but the majority appreciated the flexibility this brought. Graham (aged 49), for example, spoke for many when he said: 'I didn't want to leave the house, I didn't want to bump into anyone that I know, and actually, I was having physical problems with my balance and walking'. Charlie (aged 34) said he appreciated that the social worker had met him in a coffee shop when he was homeless. Rob also expressed a positive view:

It's like meeting you in your, sort of, domain, in your environment. You don't need any airs or graces, and you don't feel as if ... you're obviously delighted and that and the house is usually a wee bit tidier than this. I feel it's refreshing especially a young lassie coming to a young man's door. I could have been anybody. So, it's ... I raise my glass to them, like, meeting you on your own doorstep.

The social worker's ability to meet service users in their own home, or their preferred environment, thus facilitated the building of a trusting relationship.

Timeframe

Also, linked to relationship was the length of the programme. The service offered a 16-week case management programme (Galvani and Forrester 2011) involving assessment, referral, advocacy, emotional and social support and information and advice on substance-related and general support services. Service users had mixed views about whether or not 16 weeks was sufficient for them, but many felt it was too short for purpose. Those who had had a specific piece of intervention in mind felt that it was long enough. For example, Graham had wanted help with making a Disability living allowance (DLA) application, and this was achieved. Chris felt it was just right:

It was long enough because I had the support that I was receiving. I actually felt it was fine because I was receiving support and stuff but maybe if I wasn't receiving any of that then maybe [my social worker] would have been there longer.

Others said that 16 weeks was far too short a time to 'turn your life around', especially when problems may have been ongoing for 20 years or more. Charlie put this as follows: 'The way my life's been recently it should be longer, I think, because there's a lot to deal with, sort out ... Things got worse after my time ran out.' Richard felt it was too short but was aware that a longer period could lead to dependence:

Six months, yes. I know there is a kind of danger if it's too long, maybe I'm really co-depending to the social worker and it's difficult to stand up on my own feet. However, sixteen weeks, I think it's a bit too short.

What else was going on in a service user's life at the time of referral to the service undoubtedly had an impact on their capacity to make use of the help and opportunities offered. For example, Ewan (aged 43) said that his daily life was too disrupted by illness and hospital appointments to give him space to engage with the voluntary activities and computer classes that were recommended to him. He was grateful that his social worker had 'tried his best', but, as he explained, 'it wasn't feasible at that time'. Another service user, Tom (aged 50), advised that 'you don't get the benefit from [the service] until such times as you've actually detoxed and maintained sobriety for a short period'. He was not ready at the start of the referral (he was still drinking heavily) and therefore lost time on the 16-week period, although again he welcomed the help he did receive.

Holistic Approach and Joint Working

It became apparent from the accounts of service users that substance misuse was not an isolated problem. While this is not a novel idea (e.g. Miller and Carroll 2006), it is not always reflected in research or the provision of treatment (Orford 2008; Galvani and Forrester 2011). All service users had a range of problems that they needed help with, what might be called 'complex needs'. These included physical and mental health problems, disability issues, financial problems, legal or criminal problems, housing problems, relationship problems and social problems. The service's holistic approach fitted well with their structure as, primarily, a referral service. Using a case management approach, social workers assessed individuals' needs and supported them to meet these needs through building a supportive relationship and linking them in with other services. Working jointly with other agencies was essential for the service users' support. Social workers had 'gate-keeper' roles in which they could refer people to the most appropriate services. This system of referral and

joint working was important to service users as it allowed them to access a range of experts and support services that they may not have been able to access otherwise. For example, a service user of the drug team (Nina) had been having difficulties with an abusive partner. Her social worker supported her through a separation and linked her in with Women's Aid. She helped her sort out her financial matters, apply for benefits, and she supported her through a period in a rehabilitation centre. Nina felt that she had been helped in many ways, she said, 'gosh, there is so much things she helps me [sic], I just can't remember these things'. Nina said she valued the social worker's professional-ism, expertise and knowledge:

They know, they know about addiction, the illness. Not only that, they know about all the different rehab and different types of treatment they are offering and, not only that, it's amazing knowledge they have ... They're quite good about that benefits we are involved in and they are quite good to know about the housing situation ... and they know all the law changes and policy changes. Things are constantly changing. I think it's quite a tough job to keep up, all this changing, but they do ... So I think they are really professional for that.

Service users said they had been helped, in sometimes small, but realistic ways, and that help with practical matters in the first instance may be a necessary prerequisite for recovery later on.

Discussion

The evaluation of the drug and alcohol service took a multi-method approach seeking the views of service users, social workers, managers and referrers, and looking at service records. The interviews with service users were at the heart of the evaluation, holding the overall findings together. The view of social workers and their service users does not always correspond (Leung 2008). Listening to services users' accounts is therefore central to understanding the effectiveness of social work services. While this may seem obvious, it is not necessarily reflected in the outcomes-based model required by health and social care strategic bodies. Not all research about drugs, alcohol and recovery focus on service users' voices, but there is a strong tradition of listening to individual's experiences of addiction and recovery in the multi-disciplinary field of addiction studies (e.g. Biernacki 1986; H'anninen and Koski-J'annes 1999; Larkin and Griffiths 2002; McIntosh and McKeganey 2002; Etherington 2006; Patterson et al. 2009; Best et al. 2011).

In seeking the views of service users, this study reflects a long, and some might argue contested tradition in social work. Service user perspectives first appeared in social work literature in the USA and UK in the 1960s and 1970s, as part of a developing academic

interest on research in social work practice. For example, Reid and Shyne (1969) conducted a study between 1964 and 1968 of users' views of the usefulness of casework at the Community Service Society in New York, a voluntary agency that worked with individuals and families, as well as being involved in community action and research. Interestingly for our study, they found that the people who reported most progress towards their goals were those who had been supported by the agency for a short time (less than 18 months), as compared with those who had been longer term service users of the agency. This study challenged conventional wisdom — that open- ended support was best for people in need — and led to a shift towards short- term, and later task-centred approaches across the USA and the UK. Around the same time as the US study, Mayer and Timms (1970) conducted research into casework at the Family Welfare Association in London. Their ground- breaking work identified that the issues that were pressing to service users (i.e. housing problems, fuel poverty, etc.) were not always the issues that the psychodynamically oriented social workers were most interested in. Mayer and Timms thus affirmed the importance of social workers listening to their service users. Rees and Wallace's (1982) *Verdicts on Social Work* supported these findings, asserting:

Perhaps not surprisingly, it is of great importance to clients that the social worker is personally interested in, and concerned with, their well-being. This concern is one common denominator appreciated by people seeking different forms of help (25).

More recently, Beresford (2007) has noted that while that social work discourse has generally been dominated by policy-makers, managers and academics, the inclusion of service user voices allows for 'more equal involvement of both service user and current face to face practitioner perspectives' (Beresford and Croft 2004; Beresford 2007, 50). According to Beresford, listening to service users has many advantages:

Service users have much to say about both the strengths and weaknesses of existing social work practice. They show sensitivity to the rights and needs of practitioners as well as of service users. Taken together their accounts and the material they have produced offers a distinct set of discourses to set next to conventional professional and academic social work discussions. Not only are service users able to critique existing arrangements and make sense of the interrelations of social work practice roles and tasks with broader policy and social work structures and organisation. They have also developed their own theories and philosophies for social work to be based upon (2007, 49).

Beresford and Croft (2001) suggest that service user feedback must be understood as part of a broader movement towards consumer involvement that has accompanied the modernisation of public services. Service users have been drawn into the consultation process

to such an extent that some have reported ‘consultation fatigue, of being consulted out’ (296); while some good things may have happened as a result of consultation, ‘most involvement in such service-led initiatives for participation has achieved little for much effort’ (297).

We cannot but accept that our own study was a service-led initiative. It did not set out to empower service users, or even to increase their participation in the agency. It was, quite simply, an acknowledgement that service users were stakeholders whose views were important in an evaluation of services. They knew, from their own perspectives, what was working and not working in the agency, and it was imperative that we heard this and that the agency took account of this in its future planning.

While acknowledging that our contact with service users was limited to a one-off meeting and took place in the context of an agency evaluation, the accounts that service users shared with us were nevertheless rich and detailed. Service users gave thoughtful, measured responses to our questions, and said that they appreciated being invited to take part in the evaluation and express their views. What they presented ultimately was a much nuanced perspective on what had been helpful in their recovery journeys, and these findings are supported by other research in this field.

One of the service users interviewed for the evaluation thought that the service was good at listening to service user. She made the point that ‘addict people’ are not like normal people, they do not think like normal people, and so it is important that they are listened to. She concludes, ‘it’s sometimes hard to understand how our kind of thinking goes on and how we react for things, so I think it’s vital for them to listen to service users, otherwise it’s pointless when they try to help’. This point is equally relevant for researchers trying to understand people with substance use problems and the services that they use.

While it could be argued that service user voices are essential to understanding the effectiveness of a social work service, they should not be idealised. Narratives are affected by memory and imagination, as Miller suggest, ‘remembrances of the past and anticipations of the future are constructed continuously through the lens of the present’ (2000, 14), or in H’anninen’s words, they perform different functions, ‘ranging from a sincere desire to share one’s concerns and experiences to highly strategic purposes for making a certain impression on an audience’ (2004, 10). Stories are also co-created between the interviewer and the interviewee. Therefore, considering the impact of the researcher’s characteristics (age, class, educational background, ethnicity, sexuality, etc.) on the production and analysis of research data is essential for developing a critical reflexive approach to research (Finlay and Gough 2003). Being reflexive allows researchers to ‘notice our responses to the world around us, to stories, and to other people and events, and to use that knowledge to inform and direct our actions, communications, and understandings’ (Etherington 2007, 601).

The service users’ accounts suggested that staff characteristics, such as patience, being non-judgemental and being a good listener, were an important prerequisite to positive change, corresponding to the service’s recovery-orientated outcome (e.g. reduction in substance use, increased self-confidence, more healthy social networks, etc.). This notion is

supported by Galvani and Forrester's (2011) review of social work and social care services for people with drug and alcohol problems. They found that developing and sustaining relationships with service users were linked to more positive outcomes, rather than case management which 'focused on effective service coordination' (6). While the social work service that we evaluated was not designed to be a therapeutic service, it became clear from the service user accounts that the trusting, supportive, professional relationship that service users developed with staff was an essential ingredient in facilitating change. There is a rich evidence base that supports the importance of the therapeutic relationship in facilitating change (Carroll 2001; Meier, Barrowclough, and Donmall 2005; Ilgen et al. 2006; Raistrick, Heather, and Godfrey 2006; Cooper 2008; Ruch, Turney, and Ward 2010). There is, moreover, evidence that relationships do not require being long term to be therapeutic. As Kohli and Dutton (2010) argue:

... in these liquid times, there are many others stories that will only allow brief encounters as people step into and out of each other's frames of reference. Our invitation [...] is for workers to slow down a little, take layers of meaning into account and to work collaboratively in charting journeys that ensure continuity, coherence and clarity, not just for themselves, but for those whom they join in practice (101).

The social workers in this project clearly had the skills and values necessary to build therapeutic relationships with service users. It is hard to say whether these were purely 'personal' qualities or were developed as a result of training; many of the staff team had undertaken training in person-centred counselling and motivational interviewing, over and above their social work qualifications. Furthermore, researchers such as Moser (2008) have drawn attention to the reality that we cannot leave our personality at the door when we intervene in people's lives. Nevertheless, Galvani and Forrester recommend that policy should be implemented to 'develop and monitor relationship skills,' saying,

Good communication skills cannot be assumed, nor can skilled and empathic assessments or positive attitudes towards working with this service user group. These are vital to effective engagement and need to be at the core of professional development (2011, 9)

The outreach aspect of the service has, we believe, particular relevance to people with severe substance use problems. Not only might they have physical ailments linked to their substance use that prevent them from getting out, but they may also have developed social phobias, or their drug-using lifestyle may be so chaotic that attending an appointment would be difficult for them. The institutional environment of a social work office may also be off-putting. Visiting service users in their own homes or in other 'safe' places that are negotiated with

them offers the possibility of a less formal, perhaps even more 'normal' relationship; research suggests that environment is an important factor in recovery (Moos 1996; Timko 1996; Wilton and Deverteuil 2006). However, on the negative, social workers may have justified concerns about lone visiting in service users' homes, especially when they may be under the influence of substances, and personal safety issues should never be underestimated.

In respect to the timeframe of the programme, some research suggest that brief interventions are effective when working with people with substance use problems. Such interventions are said to be more productive because they discourage dependence and allow service users to maintain control over the helping relationship (Bien, Miller, and Tonigan 1993; Dunn, Deroo, and Rivara 2001). However, as the service user accounts suggest, recovery is a process in which individuals go through a number of different stages and back again (Prochaska, DiClemente, and Norcross 1992). Service users may be referred to a service at a time when they are not ready to make major changes, or they may have certain practical barriers to deal (e.g. housing, benefits or health issues) with before considering reducing their substance use. Individuals with substance use problems are also susceptible to relapse (Prochaska, DiClemente, and Norcross 1992; Hendershot et al. 2011). This requires patience on the part of workers, and the ability to 'work again' with a service user who maybe did not achieve much progress during a previous intervention.

While some treatment services may have a narrow focus, such as detoxification, the social work service had a broad perspective of the needs of service users. A holistic or ecological approach is central to social work theory (Payne 2005) and is suited to supporting individuals in recovery. Matthews et al. (2010) argue that because alcohol and drug problems are fundamentally social, there needs to be a move away from 'medicalised and criminal justice approaches' towards a more holistic approach focusing 'on purpose and meaning, child and family welfare, employability, family support and community will' (2010, 13). Matthews et al. call for a 'whole population' and personalised approach to supporting those with "overwhelming involvement"; they call this 'the circle of care' (14).

Conclusions

This paper demonstrates vividly the value of service user accounts in informing our understanding of social work services. It also highlights what is helpful for individuals seeking to recover from substance use problems. Service users' accounts testified to the importance of relationship, facilitated by an outreach service and a timeframe appropriate to

the individual's needs. The value of holistic and joint working was also supported. Social workers have an important role in supporting people with drug and alcohol problems towards their recovery goals, and this study suggests that they are in a good position to do so. As social workers and social work services consider how they can do the best for their service users, it is essential that they listen carefully to what they have to say.

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